

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 — 0 0 7

2. STATE:

CO

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

CFR 42 Section 447.272

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ 720,000

b. FFY 2002 \$ 720,000

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19A  
Page 249. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

New

10. SUBJECT OF AMENDMENT:

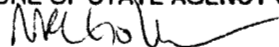
Medicare Upper Payment Limit

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

As per Governor's letter dated Dec 14, 1999

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Marilyn E. Golden

14. TITLE:

Director, Office of Finance, Technology &amp; Policy

15. DATE SUBMITTED:

August 15, 2001

16. RETURN TO:

Colorado Department of Health Care Policy & Financing  
1575 Sherman Street  
Denver, CO 80203-1714

Attn: Karen Snell

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

September 19, 2001

18. DATE APPROVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JULY 1, 2001

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mark Gilbert

22. TITLE:

Acting Regional Director

23. REMARKS:

POSTMARK: Handcarried September 19, 2001

TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM

State of Colorado

ATTACHMENT 4.19A  
Page 24

MEDICARE UPPER PAYMENT LIMIT

1. Effective July 1, 2001, non-state owned Government hospitals will receive additional Medicaid reimbursement up to the allowable percentage of each hospital's inpatient Medicare Upper Payment Limit (as defined by the Centers for Medicare and Medicaid Services). The payment will be calculated based on each hospital's inpatient Medicare base rate multiplied by the allowable Medicare Upper Payment Limit percentage, less the Medicaid base rate, times the Medicaid case mix index times the number of Medicaid discharges. In no case will the payment plus the Medicaid reimbursement exceed the funds appropriated by the Colorado General Assembly in the fiscal year for which the payments are made. Additional payments made to Government Outstate Disproportionate Share Hospitals which participate in the Colorado Indigent Care Program as defined in Attachment 4.19A (subsection Disproportionate Share Hospital Adjustments) will reduce the Disproportionate Share Hospital payments to these Government Outstate Disproportionate Share hospitals by an equal amount.

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TN No. 01-007  
Supersedes \_\_\_\_\_ Approval Date 02/26/02 Effective Date 7/1/01  
TN No. NEW